

**NCEES STANDARD VERIFICATION - LAND SURVEYOR**

State Form 43715 (R2 / 4-02)

Date (month, day, year)

File number

TO: State Board of Registration for Land Surveyors
302 W. Washington St., Room E034
Indianapolis, IN 46204-2700
Telephone: (317) 232-2980

FROM:

Name

Street address

City, state and ZIP code

Date of birth (month, day, year)

The above named person was registered as:	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL
<input type="checkbox"/> Land Surveyor-in-Training			
<input type="checkbox"/> Professional Land Surveyor			

Basis of Registration:	HOURS	RESULTS	NCEE	EXAM DATE
Written Examination				
FLS				
PLS				
<input type="checkbox"/> Oral Examination _____ Hrs PLS				
<input type="checkbox"/> SIT accepted from:				
<input type="checkbox"/> PLS accepted from:				
<input type="checkbox"/> Other				

Remarks	BOARD SEAL
By:	
Title	
Date (month, day, year)	